

Disclosure Report Cover

Amendment

☐ Yes ☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information.

1. Committee Information	
a. Full Name	c. ID Number
JIM MEDLIN FOR COUNTY COMMISSIONER	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
209 MCGLAMERY ST. OAK ISLAND, NC 28465	01/08/2016
	e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2015	10/07/2015	12/31/2015	CAROL C PAINTER

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special
8. Number of Fundraisers this Report		10. Special Report Name	
1			

3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
FIRST CITIZENS BANK			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
FOR DEPOSIT OF CAMPAIGN CONTRIBUTIONS AND PAYING CAMPAIGN	1		
	d. Period Begin Balance		d. Period Begin Balance
	\$		\$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board

Carol C. Painter
Printed Name of Signer

Carol C. Painter
Signature of Appointed Treasurer

01/08/2016
Date

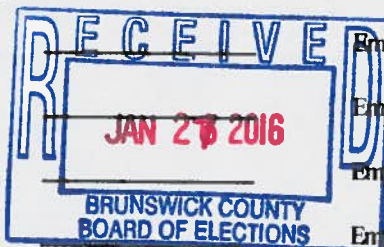
FOR OFFICE USE ONLY

Date Received:

Date Postmarked:

Date Scanned:

Date Data Entered:



Employee: ac.

Employee: _____

Employee: _____

Employee: _____

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☒ Hand Delivered
☒ Electronically Filed

☐ Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment

☐ Yes ☒ No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
JIM MEDLIN FOR COUNTY COMMISSIONER		2015 Year End Semi-Annual			
Start of Election Cycle: January 1, 2013		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 1,000.00		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 175.00		\$ 175.00	
6) Contributions from Individuals (CRO-1210)		\$ 5,100.00		\$ 6,100.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00		\$ 0.00	
9) Loan Proceeds (CRO-1410)		\$ 0.00		\$ 0.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00		\$ 0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00		\$ 0.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)		\$ 0.00		\$ 0.00	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00		\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00		\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 5,275.00		\$ 6,275.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 3,424.00		\$ 3,424.00	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00		\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 30.91		\$ 30.91	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 171.08		\$ 171.08	
17) In-Kind Contributions (CRO-1510)		\$ 0.00		\$ 0.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 3,625.99		\$ 3,625.99	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2,649.01		\$ 2,649.01	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00			
25) Administrative Support (CRO-1710)		\$ 0.00		\$ 0.00	
26) Forgiven Loans (CRO-1440)		\$ 0.00		\$ 0.00	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00		\$ 0.00	
28) Contributions to be Refunded (CRO-1215)		\$ 171.08		\$ 171.08	

Aggregated Contributions from IndividualsPage 1 of 1

Amendment

☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)				2. ID Number	
JIM MEDLIN FOR COUNTY COMMISSIONER					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	1	Check		12/25/2015	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Cash		12/16/2015	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Cash		12/16/2015	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Check		11/13/2015	\$ 50.00
<input type="checkbox"/> Remove					
4. Total only this Page					\$ \$175.00
5. Total of ALL CRO-1205 Pages					\$ \$175.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 1 of 6

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
JIM MEDLIN FOR COUNTY COMMISSIONER						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BRUCE ALLAN 1000 ASSEMBLY ST. BELMONT, NC 28012			RETIRED			
			c. Employer's Name/Specific Field			
			MILLIKAN TEXTILES			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		11/02/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MONTE BARTLETT 120 N.W. 5TH ST. OAK ISLAND, NC 28465			MINISTER			
			c. Employer's Name/Specific Field			
			RETIRED			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		12/01/2015	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ERNIE DARBY 1430 N. HOWE ST. SOUTHPORT, NC 28461			RETIRED			
			c. Employer's Name/Specific Field			
			REAL ESTATE DEVELOPER			
					e. Election Sum to Date	
					\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		10/21/2015	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5,100.00	

Contributions from Individuals

Pg 2 of 6

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
JIM MEDLIN FOR COUNTY COMMISSIONER						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
STEVEN FOSTER 6634 KINGS LYNN DR. OAK ISLAND, NC 28465			RETIRED TOWN MANAGER			
			c. Employer's Name/Specific Field			
			TOWN OF OAK ISLAND			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		11/21/2015	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LINDA GRAHAM 203 NORTON ST OAK ISLAND, NC 28465			RETIRED			
			c. Employer's Name/Specific Field			
			CAROLYN FORD, INC.			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		11/02/2015	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MARK S. GULLEDGE P.O. BOX 272 OAK ISLAND, NC 28465			RETIRED			
			c. Employer's Name/Specific Field			
			REMAX REALTY			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		11/21/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 850.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5,100.00	

Contributions from IndividualsPg 3 of 6

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
JIM MEDLIN FOR COUNTY COMMISSIONER							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
CAROLYN HURST 135 MAPLE GROVE TERRACE PEACHTREE CITY, NC 30269-6638			AUTOMOBILE DEALER				
			c. Employer's Name/Specific Field				
			RETIRED				
					e. Election Sum to Date		
					\$ 300.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		11/21/2015	\$ 300.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
MARVIN MARTIN P.O. BOX 10911 SOUTHPORT, NC 28461			OWNER				
			c. Employer's Name/Specific Field				
			MARTIN'S AUTO REPAIR				
					e. Election Sum to Date		
					\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		12/10/2015	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
ANTHONY J. MICHELAKIS 5134 PRICES CREEK DR SOUTHPORT, NC 28461			DENTIST				
			c. Employer's Name/Specific Field				
			COASTAL COSMETIC FAMILY DENTISTRY				
					e. Election Sum to Date		
					\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		11/21/2015	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page					\$ 500.00		
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5,100.00		

Contributions from Individuals

Pg 4 of 6

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
JIM MEDLIN FOR COUNTY COMMISSIONER						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
RAY MOORE 3596 MEMBERS CLUB BLVD SOUTHPORT, NC 28461			RETIRE			
			c. Employer's Name/Specific Field			
			IBM			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		10/25/2015	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MARK B. MOSLEY 4183 BIG RUN DR. ELKTON, VA 22827			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			RETIRED			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		11/19/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JANET NUTLEY P.O. BOX 11472 SOUTHPORT, NC 28461			BROKER/OWNER			
			c. Employer's Name/Specific Field			
			REALTY EXECUTIVES			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		11/23/2015	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 800.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5,100.00	

Contributions from Individuals

Pg 5 of 6

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
JIM MEDLIN FOR COUNTY COMMISSIONER						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
DWIGHT D. SEXTON 1908 CHOTO RD. KNOXVILLE, TN 37922				ATTORNEY		
				c. Employer's Name/Specific Field RETIRED		
				e. Election Sum to Date		
				\$ 200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		11/25/2015	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
WAYNE J. SMITH 20 THOMASBORO RD. CALABASH, NC 28467				OWNER		
				c. Employer's Name/Specific Field WAYNE'S BACKHOE SERVICE		
				e. Election Sum to Date		
				\$ 500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		11/14/2015	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
BETTY WALLACE 133 NE 37TH ST OAK ISLAND, NC 28465				OWNER - RETIRED		
				c. Employer's Name/Specific Field SUNBELT VIDEO		
				e. Election Sum to Date		
				\$ 200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		12/01/2015	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 900.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5,100.00	

Contributions from IndividualsPg 6 of 6

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
JIM MEDLIN FOR COUNTY COMMISSIONER						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
AUDREY M. WISE 209 CROWELL ST. OAK ISLAND, NC 28465			US ARMY CIVILIAN DIRECTOR OF FAMILY PROG			
			c. Employer's Name/Specific Field			
			RETIRED		e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		11/21/2015	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
THOMAS J. YOUNG 375 GEORGE 2ND HIGHWAY WINNABOW, NC 28479			LAND DEVELOPER			
			c. Employer's Name/Specific Field			
			NONE		e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		11/17/2015	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 750.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5,100.00	

CRO-1210

NC State Board of Elections

April 2007

Contributions to be Reimbursed

Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report Contributions under \$1,000 which will be refunded within 7 days.

Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name		2. ID Number	
JIM MEDLIN FOR COUNTY COMMISSIONER			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
LINDA GRAHAM 203 NORTON ST OAK ISLAND, NC 28465		LINDA GRAHAM 203 NORTON ST OAK ISLAND, NC 28465	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
FOOD, INVITATIONS, AND SUPPLIES FOR MEET AND GREET FUNDRAISER	11/30/2015	N	\$ 171.08
4. Total only this Page			\$ 171.08
5. Total of ALL CRO-1215a Pages (This line goes in line 28 of Detailed Summary Page CRO-1100)			\$ 171.08

CRO-1215

NC State Board of Elections

December 2007

Disbursements

Amendment
Pg 1 of 1 ☐ Yes ☒ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
JIM MEDLIN FOR COUNTY COMMISSIONER							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) BRUNSWICK CO BOARD OF ELECTIONS PO BOX 2 BOLIVIA, NC 28422 (910) 253-2620				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				e. Election Sum to Date			
						\$ 224.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	O	12/01/2015	\$ 224.00	FILING FEE		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) WEBB COX 1346 SUNNYSIDE ST. SHALLOTTE, NC 28470 (910) 443-9708				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				e. Election Sum to Date			
						\$ 3,200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	B	12/04/2015	\$ 3,200.00	CAMPAIGN SIGNS		
				\$			
5. Total only this Page						\$ 3,424.00	
6. Total of ALL CRO-1310 Pages							
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 3,424.00	
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Aggregated Non-Media ExpendituresPage 1 of 1

Amendment

☐ Yes ☒ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable) JIM MEDLIN FOR COUNTY COMMISSIONER					2. ID Number	
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	11/25/2015	\$ 24.91	BANK CHARGE FOR COMMITTEE'S
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	11/30/2015	\$ 3.00	BANK CHARGE FOR PAPER STATEMENT
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	12/31/2015	\$ 3.00	PAPER STATEMENT FEE
4. Total only this Page					\$	30.91
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)					\$	30.91
6. Purpose Codes (List detailed expenditure code in (d) above)						
B* - Printing		C* - Fundraising		D - To Another Candidate		
E - Salaries		F* - Equipment		H* - Holding Public Office Expenses		
I - Postage		J - Penalties		K* - Office Expenses		
O* - Other				Q* - Donations to Legal Expense Fund		
* Codes require detailed explanation in required remarks field (g)						

CRO-1315

NC State Board of Elections

December 2009

Refunds/Reimbursements From the Committee Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

1. Committee Full Name (and Fund if applicable)				2. ID Number	
JIM MEDLIN FOR COUNTY COMMISSIONER					
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
LINDA GRAHAM 203 NORTON ST OAK ISLAND, NC 28465			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		11/30/2015
					i. Original Receipt Amount
					\$ 171.08
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
RETIRED		CAROLYN FORD, INC.		P	
				j. Election Sum to Date	
				\$ 500.00	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Check	FUNDRAISER EXPENSES		11/30/2015	\$ 171.08
4. Total only this Page					\$ 171.08
5. Total of ALL CRO-1320 Pages (This line must be on the 15 of Detailed Summary Page CRO-1100)					\$ 171.08
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit					
P* - Reimbursement of In-Kin O* Other					
* Codes require detailed explanation in required remarks field (m)					

CRO-1320

NC State Board of Elections

July 2007